

**ACIBADEM MEHMET ALI AYDINLAR UNIVERSITY  
INCUBATION CENTER APPLICATION FORM**

**A. INFORMATION ABOUT PROJECT**

Project Name:

Application Date:

Application Beginning Date:

Ending Date:

**B. APPLICATION SUBMITTED BY**

Title, Name, Last Name:

Company Name:

Address:

E-mail:

Signature:

Nature of your previous applications?

**D. CONTENT AND PURPOSE OF YOUR APPLICATION**

**E. WHICH SUPPORT AT ACIBADEM UNIVERSITY WILL YOU APPLY FOR?**

- Academic Counselling Support
- Technical Counselling Support
- ATADEK (Ethics Committee Support)
- BIODESIGN Center Support
- Investment Support
- Copyright Support
- LABMED
- CASE
- DEHAM
- Clinical Research Support
- Research Laboratory Support
- Other (specify):

**H. EVALUATION OF THE APPLICATION**

(This section will be filled out by the Center)

APPROVED

DENIED

Seyma Merve ERDOGAN  
Research Projects Office  
Project Manager

Duygu TEKIN  
Research Projects Office  
Entrepreneurship Specialist

Turku Suna DIKME  
Research Projects Office  
Entrepreneurship Specialist

...../...../20..